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## City of Dover, New Hampshire

### DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

Hello,

Please find attached the Dover CDBG application for 2016-2017. We encourage you to consider applying for 2016-2017 funding. Eligible programs may use the funds for the cost of labor, supplies, and/or materials required for the provision of services to agency clientele. Fifty-one percent (51%) of the individuals and/or families assisted by the program must earn very low, low or moderate income.

Each grant award by the City of Dover is subject to the final award from the Department of Housing and Urban Development (HUD), followed by the execution of a final agreement between the City of Dover and the applicant.

For successful grant recipients, no expenditures of funds can occur until an environmental review has been completed by the City and an agreement/contract has been signed by the applicant and the City. For successful applicants who are undertaking construction, rehab or other improvements, these activities are subject to Davis-Bacon federal wage rates and certain bid requirements.

#### Application Information

Some organizations will be seeking funds to support the entire organization whereas some will be seeking funds to support a specific program *within* the organization. As such, you will find that some questions ask for information about the program for which funds will be used while others ask for information about organization. Please answer accordingly.

Please note that this year's application has been modified so please do not use a prior year's template that you may have saved. A few of the changes to the application include:

- Section A. 2) and 3): We ask for both a mailing address and a physical address of the primary office.
- Section A.7 asks for addresses of where actual services will be provided or improvements will be made.
- Section B. 2): Asks for a short description or list of how the funds will be used. We are not looking for a lengthy description of the program or organization in this section, but rather a simple listing or description of how the funds will be used. Note: you will have an opportunity in Section E to provide greater detail.

- Section B. 3): Asks for a short description of the program or organization that will utilize the funds. Note: You will have an opportunity in Section E to provide greater detail.
- Section E: This section provides an opportunity to provide detail. Please note that subsection 1) asks for information about the *specific program* for which you are seeking funds. Subsection 2) asks for information about the *organization* as a whole. Please address both subsections as applicable.

When responding to Sections E and F, please provide Sections #s for each response.

#### Submission of Application

One original signed hard copy of the application must be submitted to the address provided on the first page of the application and by the date indicated in order to be eligible for consideration. Once the original has been submitted, please also submit a digital copy (word, excel document, etc.) of Sections E and F to [d.carpenter@dover.nh.gov](mailto:d.carpenter@dover.nh.gov).

Please feel free to contact me with any questions at (603) 516-6008 or [d.carpenter@dover.nh.gov](mailto:d.carpenter@dover.nh.gov)

Sincerely,

Dave Carpenter  
Community Development Planner

**CITY OF DOVER  
COMMUNITY DEVELOPMENT  
BLOCK GRANT APPLICATION**

Please respond to all questions in this application. In addition, please respond to the questions in Section **E** and **F** on separate paper and attach to the application. All applications for grants must be returned to the City of Dover no later than 5:00 pm on **Thursday, February 11, 2016** to, City of Dover, Attn. CDBG Program, and 288 Central Avenue, Dover, NH 03820.

**NOTE:** Please use this application to apply for funding.

**A. Contact Information**

1) Public Service Organization

*Name of Organization:*

*Name of Executive Director:*

*Name of Program/Organization for Which Funds are Requested:*

2) Mailing Address

*Street/PO Box:*

*City:*

*State:*

*Zip Code:*

3) Physical Address (if different than mailing address)

*Street/PO Box*

*City:*

*State:*

*Zip Code:*

4) Contact Person at Agency

*Name:*

*Telephone #:*

*e-mail address:*

5) *501(c)(3) Tax I.D. Number:*

6) *DUN'S #:*

7) *Location(s) where services will be provided or improvements will be made:*

*Physical Address:*

*City:*

*State:*

*Zip Code:*

*Physical Address:*

*City:*

*State:*

*Zip Code:*

*Physical Address:*

*City:*

*State:*

*Zip Code:*

## **B. Summary of Program and Use of Requested Funds**

- 1) Total funds you are requesting from DOVER CDBG for the upcoming fiscal year:     \$ \_\_\_\_\_
  
- 2) Please provide a brief description/list of *how* the funds will be used (Note: an expanded description can be provided later in Section E of this application):
  
- 3) Please provide a brief description of the *Program* (or Organization, if appropriate) that will be using the funds (Note: an expanded description can be provided later in Section E of this application):

### C. Program Information

Please answer the following questions for the **program** for which Dover CDBG funds will be used.

#### 1) Status of Program:

New \_\_\_\_\_ or Expansion of existing service \_\_\_\_\_

Has the program previously received funds from Dover CDBG Grant? Yes \_\_\_\_ No \_\_\_\_

Amount \$ \_\_\_\_\_

#### 2) Assistance Provided

Agency Wide	Dover Residents
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Number of people assisted previous fiscal year?	_____	_____
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Number of people projected for assistance in current fiscal year?	_____	_____
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#### 3) Agency Clientele

Total % Dover residents that are Low Income? \_\_\_\_\_

**Of this total**, what % are Very Low Income? \_\_\_\_\_

#### 4) Statistical Information

Do you currently collect statistics regarding the race, ethnicity, income level, size of households and gender of the head of household of the people served? Yes \_\_\_\_ No \_\_\_\_

If not, do you foresee a problem in collecting these statistics since the information is a condition of the CDBG Grant? Yes \_\_\_\_ No \_\_\_\_

5) History of Program

*How long has the program been in existence?* \_\_\_\_\_

6) Rate of Expansion

*What was the rate of expansion, during the most recent year, of the program for which funds are requested?*

% \_\_\_\_\_

7) Previous Dover CDBG funding

*Did the program receive funds from the City General Fund in the last year? Yes\_\_ No\_\_*

*If so, how much?*     \$ \_\_\_\_\_

8) Annual Budget

*Total annual budget for the program for which CDBG funds are requested:*     \$ \_\_\_\_\_

**D. Organizational Information**

Please answer the following questions for the organization.

1) Board of Directors

*How many persons on your Board of Directors?* \_\_\_\_\_

*How many are Dover residents?* \_\_\_\_\_

2) Administrative Salary

*Administrative salary expense for the organization:* \$ \_\_\_\_\_

*(This should not include the salary of any individuals involved in the delivery of direct services.)*

*Please state the positions included in the salary noted above:*

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2) CPA Audit

*Does your organization have an annual CPA Audit?* Yes \_\_\_\_\_ No \_\_\_\_\_



3) Evaluation

*Is your organization evaluated by any outside agencies?* Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please note these agencies and how often the evaluation occurs below:*

4) Organizational Effectiveness

*Does your organization internally evaluate the effectiveness of its activities periodically?*

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please briefly describe this assessment and how often it occurs below:*

5) Organization budget

*Total annual organization budget:* \$ \_\_\_\_\_

6) History of Organizational

*How long has the organization been in existence?* \_\_\_\_\_

## E. Narrative

All information should be concise, objective, and if possible, quantifiable. Lengthy applications are not desired and will not be of benefit in application ranking. We encourage applicants to keep their responses to a maximum of 5 pages, and to number their responses. For questions 1, 2, 4 and 5, the type of information which will be looked for in each of the responses is noted after each question.

- 1) Please describe the specific program for which funds are requested, and the nature and extent of the need for this program/service. Additionally, if seeking funds for physical improvements or modifications, please provide:
  - a. The address/location of the improvements.
  - b. The type of improvement(s) that will be made.
  - c. The items to be purchased/obtained.

Respondents should provide a history of the specific program in the community, a clear mission statement with attainable goals, information regarding how the program is administered and the beneficiaries of the program/activity and the nature and location of any physical improvements. In addition, hard data and statistics regarding the need should be provided.

- 2) Please describe your organization as a whole, including its mission, goals, the beneficiaries or clients, and the services provided by it.

Respondents should provide a history of the organization in the community, a clear mission statement with attainable goals, information regarding how the program is administered and the beneficiaries of the program/activity. In addition, hard data and statistics regarding the need should be provided.

- 3) Please describe the outreach efforts which you will, and/or currently do, undertake to attract potential participants to the program. Also outline the strategy for involving the community in your program i.e. through volunteer recruitment, fundraising, board composition, educational programs, etc.
- 4) Demonstrate that policies have a positive effect on the admissions of persons who have real or perceived handicaps.

Applicants should note whether their facilities are accessible to individuals with handicaps, and whether staff receives any education regarding the needs of this population.

- 5) Demonstrate that policies have a positive effect on the admissions of persons in minority groups.

Applicants should describe any outreach efforts which are made to ensure that all residents are aware of their programs. In addition, the applicant should provide information regarding their policies prohibiting discrimination.

## **F. Request for CDBG Funding**

Maximum expected length of responses to this section is 2 pages.

- 1) Please project the number of people (and units of service, if applicable) who will be served by the program **each quarter** (July 1 to September 30, October 1 to December 30, January 1 to March 30, April 1 to June 30). If service projection is in units, please define a “unit”.
- 2) Please provide a working budget including: proposed sources; uses of funds for this program and for the organization; i.e. sources: specific grants, fundraising, donations, fees, etc., and uses: personnel, operations, and itemized expenses, etc.